## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
The 2016 Committee	C C00569905				
Check if 24-hour report	on Mam / Dab / Yayayay				
Full Name of Payee ECG DATA CENTER	Date of Public Distribution/Dissemination				
	11 06 2016				
Mailing Address 1420 SPRING HILL ROAD	Amount				
SUITE 490					
City State Zip Code  MCI FAN VA 22102-3028	434.90 Transaction ID : SE24.93674				
	Date of Disbursement or Obligation				
Purpose of Expenditure LIST RENTAL EXPENSES  Category/ Type 004	11 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	Sought: House District:				
TRUMP, DONALD, , , Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary <b>X</b> General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
ECG DATA CENTER	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1420 SPRING HILL ROAD					
SUITE 490	Amount				
City State Zip Code	434.90				
MCLEAN VA 22102-3028	Transaction ID : SE24.93675 Date of Disbursement or Obligation				
Purpose of Expenditure LIST RENTAL EXPENSES  Category/ Type 004	11 / 29 / 2016				
Name of Federal Candidate Support Office	Sought: House District:				
CLINTON, HILLARY, , ,	President Senate State:				
	rsement For: Primary X General				
Per Election for Office Sought 1057645.09 2016	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	869.80				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Frank, Robert, , ,  [Electronically Filed] Date 1:	1 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
The 2016 Committee			C C00569905
Check if 24-hour report 8 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee KORTEN MEDIA, LLC			Date of Public Distribution/Dissemination
,			06 01 2016
Mailing Address 927 CUP LEAF HOLLY COURT	Amount		
City	State	Zip Code	50.00
GREAT FALLS	VA	22066-1223	Transaction ID : SE24.93672 Date of Disbursement or Obligation
Purpose of Expenditure TRANSCRIPTION SERVICE		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sought: House District:
TRUMP, DONALD, , ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		1057645.09	Disbursement For:  Primary  General 2016  Other (specify) ▶
Full Name of Payee KORTEN MEDIA, LLC			Date of Public Distribution/Dissemination
NONTEN WILDIA, LLG			06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 927 CUP LEAF HOLLY COU	RT		Amount
City	State	Zip Code	50.00
GREAT FALLS	VA	22066-1223	Transaction ID : SE24.93673 Date of Disbursement or Obligation
Purpose of Expenditure TRANSCRIPTION SERVICES		Category/ Type 004	11 / 29 / 2016
Name of Federal Candidate		Support	Office Sought: House District:
CLINTON, HILLARY, , ,		<b>x</b> Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought		1057645.09	Disbursement For: Primary   2016   Other (specify)   General
( ) OUDTOTAL of Itemsical Independent Europei	9		
(a) SUBTOTAL of Itemized Independent Expendi	tures		100.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			•
. , , , , , , , , , , , , , , , , , , ,	didate or authorize	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Frank, Robert, , ,	[Electro	onically Filed] Date	e 11 30 2016
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
Check if 24-hour report	M = M / D = D / Y = Y = Y
Full Name of Payee PARAMOUNT COMMUNICATIONS	ate of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET ST SUITE 114	11 01 2016 mount
City State Zip Code	1050.05 ransaction ID : SE24.93668
	ate of Disbursement or Obligation
Name of Federal Candidate    X   Support   Office Sc	pught: House District:
TRUMP, DONALD, , , Oppose Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ment For: Primary   General  Other (specify)
Full Name of Payee PARAMOUNT COMMUNICATIONS	pate of Public Distribution/Dissemination
Mailing Address 525-K EAST MARKET ST SUITE 114	mount
City State Zip Code  LEESBURG VA 20176 Tra	1050.05 ansaction ID : SE24.93669
Purpose of Expenditure EMAIL ADVERTISEMENTS  Category/ Type 004	Date of Disbursement or Obligation  11 29 2016
Name of Federal Candidate  Support  Office So  CLINTON, HILLARY, , ,	ought: House District:
Calendar Year-To-Date  Disburse	ement For: Primary X General
Per Election for Office Sought 1057645.09	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2100.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Date Signature	30 / 2016

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sche	edule E)	<b>L</b> /(1 <b>L</b> (1).	100				PAGE 4 OF 5 FOR SE OF FORM 24/48			
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER			
The	e 2016 Committee						C00569905	٦١		
Check	x if 24-hour report <b>X</b> 48-hour report	X New repo	ort A	mends repo	ort filed on	M = M /	D D / Y Y Y Y	Y		
	ull Name of Payee SISK FULFILLMENT SERVICES				Da	te of Public	Distribution/Dissemination			
l <sub>M</sub>	lailing Address 4000 INDUSTRIAL DARK DR					10	27 2016			
Mailing Address 1900 INDUSTRIAL PARK DR.					Am	nount				
С	ity	State	Zip Code				273.32			
	FEDERALSBURG	MD	21632-2667			Transaction ID : SE24.93676 Date of Disbursement or Obligation				
	urpose of Expenditure DIRECT MAIL - POSTAGE		Category			11 /	29 / 2016	Υ		
N	ame of Federal Candidate		×	Support	Office Sou	ught:	House District:			
T	RUMP, DONALD, , ,			Oppose	<b>x</b> Pres	sident	Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		1057645.0	)9	Disbursem 2016	nent For:	Primary <b>X</b> Gene	ral		
F	ull Name of Payee				Da		c Distribution/Dissemination	=		
	SISK FULFILLMENT SERVICES					M M	/ D D / Y Y Y			
	Mailing Address 1900 INDUSTRIAL PARK DR.					10	27 2016			
	1900 INDOOTINAL LANGE SEE				Am	nount				
С	Sity	State	Zip Code				273.31			
F	FEDERALSBURG MD 21632-2667					Transaction ID : SE24.93677  Date of Disbursement or Obligation				
	Purpose of Expenditure DIRECT MAIL - POSTAGE		Category Type			11	29 / 2016	Y		
N	lame of Federal Candidate			Support	Office So	ught:	House District:			
	CLINTON, HILLARY, , ,		×	Oppose	<b>X</b> Pre	sident	Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		1057645.0	)9	Disbursen 2016	nent For:	Primary K Gene	ral		
						Other (op				
(a)	SUBTOTAL of Itemized Independent Expenditures.				•		546.63			
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			<b>.</b>		1 1 7 1 1 7 1			
(c)	TOTAL Independent Expenditures				·· •					
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized								
	Frank, Robert, , ,	[Electron	ically Filed	<i>l</i> Date	e 11	30	2016			
	Signature									

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXICIND	ITOTILO	PAGE FOR S	5 OF 5 SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	CATION NUMBER ▼				
The 2016 Committee			C C00569	905				
Check if 24-hour report 🗶 48-hour re	eport New rep	ort Amends repo	t filed on	/				
Full Name of Payee THE PINKSTON GROUP			Date of Public Distrib					
Mailing Address PO BOX 373			11 01	2016				
City	State	Zip Code		1367.50				
FAIRFAX STATION	STATION VA 22039-0373			Transaction ID: SE24.93670  Date of Disbursement or Obligation				
Purpose of Expenditure PUBLIC RELATIONS		Category/ Type 004	M M / D 29					
Name of Federal Candidate		<b>x</b> Support	Office Sought: Hous	se District:				
TRUMP, DONALD, , ,		Oppose	★ President Sena	ate State:				
Calendar Year-To-Date Per Election for Office Sought		1057645.09	2016	imary <b>X</b> General				
F.II Name of Passes			Other (specify)					
Full Name of Payee THE PINKSTON GROUP			Date of Public Distrib	D / Y = Y = Y				
Mailing Address PO BOX 373			Amount					
City	State	Zip Code		1367.50				
FAIRFAX STATION	VA	22039-0373	Transaction ID : SE24 Date of Disbursemen					
Purpose of Expenditure PUBLIC RELATIONS		Category/ Type 004	11 / 29					
Name of Federal Candidate		Support	Office Sought: Hous	se District:				
CLINTON, HILLARY, , ,								
Calendar Year-To-Date Per Election for Office Sought		1057645.09	Disbursement For: Pr 2016 Other (specify)	rimary X General				
			carer (openity)					
(a) SUBTOTAL of Itemized Independent E	xpenditures		<b>&gt;</b>	2735.00				
(b) SUBTOTAL of Unitemized Independent	t Expenditures		<b>•</b>	4				
(c) TOTAL Independent Expenditures			·	6351.53				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Frank, Robert, , ,	[Electron	ically Filed] Date	11 30 Y	2016				
Signature								